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ABSTRACT

The Diagnostic and Statistical Manual of Mental Disorders III Revised rubric of identity disorder is linked to career theory and research findings on vocational identity, career indecisiveness, vocational maturity, and to the theories of Erikson and Kohut. Identity disorder has been found in career counseling clients. It appears that the brief focus of career counseling is simply inappropriate for a substantial proportion of clients. Kohut's psychology of the development of the self should be integrated into Erikson's psychosocial framework of development. Erikson's psychosocial theory can be related to Kohut's psychological theory by way of Vygotsky's theory about how psychosocial experience becomes ultimately transformed into psychological functions. Much of the career developmental research ruled out the most significant variable in career development, the status of a person's development of a psychological self. People living in pluralistic societies are able to function more adaptively if they have the opportunity to develop a stably established intrapsychic capacity to hold firmly to their own values and sense of their own value, while simultaneously flexibly negotiating with multiple others on matters of interpersonal and social cooperation or conflict. (ABL)

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Identity Disorder and Career Counseling Theory: Recommendations for Conceptualization

by

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Abstract

The DSM-III-R rubric of identity disorder is linked to career theory and research findings on vocational identity, career indecisiveness, vocational maturity, and to the theories of Erikson and Kohut. The author, a career counselor, found identity disorder in more than half the career counseling clients seen in one year in a large urban university counseling center. Recommendations are made for integrating the rubric of identity disorder, Erikson's theory of identity, Kohut's self psychology, and behavioral and psychoanalytic viewpoints into a more comprehensive developmental psychology of the self for career counselors and therapists.

Identity Disorder and Career Counseling Theory:

Recommendations for Conceptualization

The DSM-III-R rubric of "identity disorder" would apply to career clients who, for three months or more, have experienced subjective distress and uncertainty regarding long-term goals, an inability to choose or adopt a life pattern, and impairment in functioning, provided these symptoms are not due to mood disorder, schizophrenia, or borderline personality disorder. The impairment in functioning may be in academic, occupational, or psychosocial areas. These DSM-III-R criteria for identity disorder (APA, 1987) are summarized in Appendix A.

Career counselors probably see more persons with identity disorder more frequently and more routinely than any other category of professionals. Yet, there is nothing, so far, in the career literature, that discusses the relevance of this diagnosis for career counselors and their clients.

This paper will discuss five aspects of the problem of identity disorder in career clients: 1. How large a problem is it? How many career counseling clients are affected? 2. Why isn't this problem more evident in the career literature? 3. What does theory and research tell counselors about the nature of the problem? 4. What can career counselors do to improve our understanding of identity disorder? 5. Recommendations for improved conceptualization of career clients' developmental needs.

How big a problem is it?

In 1985, working as a career counselor at a large, urban university counseling center, I asked that question of my own experience. Of 116 career clients I saw over the course of a year, 58 clients, or fully 50%, qualified for the DSM-III-R diagnosis of identity disorder. This was thus the largest single category of client I saw as a career counselor.

In the light of statistics that have been reported in the career literature, this finding should not come as a surprise: 50% of high school seniors express a need for career counseling. The percentage of uncommitted college students has been reported as high as 22-50%. The number who enter college and change majors is estimated at 50-60% (Gordon, 1981). Attrition rates at colleges average 40 - 60%. Longitudinal career development research described as many as 50% of job changes made before age 25 in their sample of a normal population as evidence of "floundering" (Super, Kowalski, & Gotkin, 1967; Jordaan & Heyde, 1979). An overview of career development research, based on the three separate studies cited, suggests that only about 55 - 58% of young adults show evidence of progressive goal-directed career development, while another 42 - 45% show disruption, discontinuity, or floundering in career development (Jordaan & Heyde, 1979; Gribbons & Lohnes, 1982; Offer, 1984). In one study, 20% of the original

population were found to have still not stabilized in a meaningful career pattern at age 35 (Gribbons & Lohnes, 1982).

Of those who do achieve good career adjustment, about 21% were found to do so only with considerable emotional turmoil (Offer, 1984). These 21% experienced significant anxiety, depression, dependency, mood swings, feelings of mistrust of the adult world, acting out, and general psychological pain on their path toward eventual career adjustment. Many of these received psychotherapy. The symptoms they manifested are the same as those that some would diagnose as "borderline personality organization" (a term used by Otto Kernberg; see Kernberg, 1981), or narcissistic disorders or "disorders of the self" (a term used by Heinz Kohut; see Kohut, 1977; Tolpin & Kohut, 1980; Kohut & Wolf, 1978).

Most of the above figures represent percentages of samples of a "normal" population, not percentages of persons who seek out the services of a career counselor. One would expect that the percentage of career clients with identity disorder would be much higher than would be the case for the general population. It makes sense to assume that persons experiencing the greatest difficulty and subjective distress with the question of career identity would be most likely to seek professional help with it. At the present time, I know of no exact figures on this question, and have only comments from other counselors and the figures presented from my own experience. The percentage of career clients

who manifest identity disorder could reasonably be expected to vary from setting to setting.

In my own setting, in addition to the 50% who clearly merited the diagnosis of identity disorder, the identity status of another 37% of my career clients was in doubt. This group numbered 43 persons out of the total of 116. At an average age of 24, these clients were uncertain of their career direction. Some had been referred by academic advisers for career counseling or vocational testing, thus reflecting the judgment of an adviser who thought they were in serious need of such services. Some were taking a course in career planning. Some were contemplating making a change in their career or major. With this large group, however, I did not have enough information to clearly label them as either manifesting or not manifesting identity disorder. In part the responsibility for this is mine. Like many other career counselors, I was not using the DSM-III category of identity disorder when I saw these clients. If I had been, I might have been able, by asking questions of the right kind, to clarify their status with respect to the requisite operational criteria. Drawing from my records of each client, however, I inferred the diagnosis of identity disorder only where these records clearly and unambiguously contained the information that would permit me to do so.

It would be misleading, however, to interpret the lack of a diagnosis of identity disorder with respect to this group to be an indication that this group was better off than the group with identity disorder. The reverse could well be the case, for the less clear picture that I had formed of the members of this group may reflect characteristics of this group that bear significantly on the very question of the clarity of their identity, or lack thereof, These clients tended to be more inhibited (more anxious?) and less articulate in defining themselves in the counseling interview. Their interpersonal dynamic was less engaging. They were less self-disclosing. It was more difficult to get a clear picture of their status without becoming intrusive. The greater reserve of this group may have reflected their possessing fewer and less-differentiated self-concepts and less self-confidence, which would in turn tend to indicate a less-clear sense of identity on their part. Kernberg has suggested a linkage between identity diffusion in a client and difficulty on the part of the interviewer in obtaining a clear sense of a client's identity:

> Diagnostically, identity diffusion is detected by the patient's inability to convey to an interviewer the patient's significant interactions with others. The interviewer finds he cannot emotionally empathize with the patient's conception of himself (Kernberg, 1981, p. 353).

It makes sense that a person lacking a clear sense of him or her/self would not communicate a very clear sense of identity to a counselor.

There may have been other reasons, however, for these client's comparative reticence. Often, referred for career testing by an academic adviser, they were not sure they wanted engagement in career counseling. Some may just have been doing as they had been advised, without really deciding on their own that they wanted counseling. Where I sensed a lack of readiness to engage, I preferred letting these clients keep whatever distance they chose. My less adequate picture of these clients may therefore represent only a choice on their part to not engage in much self-disclosure at that time. On the other hand, their career status at an average age of 24, the fact that they did come to career counseling, and the fact that in some cases others thought they needed career counseling and referred them, conspire to suggest that there is reason to be concerned about this group. Their coming to see a career counselor but then not engaging in career counseling may reflect a certain indecisiveness on their part, or instability in their concepts of what they wanted.

The larger group, the one that could clearly ask for what they wanted from career counseling and that could give me a clearer picture of themselves, may have been the healthier group, even though they merited the diagnosis of identity disorder. The

more nebulous group of 37%, on the other hand, the one which experienced less subjective distress, may, in fact, be the more immature group developmentally and psychologically. Of those who are floundering in their career development, those who experience more stress subjectively, who can be more articulate, and who can express more self-directed initiative and take more risks in seeking help, may be healthier than those who simply flounder in silence and isolation. More research is needed on this question.

The smallest percentage of career clients, 13%, seemed to me to be clearly psychologically healthy and without evidence of identity disorder. Although they had not yet decided on or achieved a career identity, they seemed to be able to assess themselves adequately in the light of new information and manifested a normal degree of decisiveness.

Why haven't we heard more about identity disorders in the career literature?

The diagnosis of identity disorder was established in 1980 in the Diagnostic and Statistical Manual of Mental Disorders, known as the DSM-III (American Psychiatric Association, 1980). A survey of major books and articles (Crites, 1981; Healy, 1982; Osipow, 1983; Brown, Brooks & Associates, 1984; Gysbers & Associates, 1984; Isaacson, 1985) on career counseling for some years after that time failed to uncover a single reference to identity disorder. Even an authoritative 1984 article on the history of

differential diagnosis in career counseling (Rounds & Tinsley, 1984) failed to mention the diagnosis of identity disorder.

One factor contributing to this omission is that career writers have tended to focus narrowly only on literature and concepts that are clearly labeled "career development". A similar omission in the "career" literature has been made in connection with the literature on the psychotherapy of borderline and narcissistic personality disorders (Masterson, 1976, 1981; Rinsley, 1982), or disorders of the self (Kohut & Wolf, 1978). These disorders are characterized principally by disturbances in the capacity for work and in the capacity for psychosocial adaptation and effectiveness. Although many career clients would qualify for these diagnoses, these diagnoses have been largely ignored in the literature on career counseling and career development.

Virtually all of the 58 clients I diagnosed as having identity disorder, for example, I would also regard as having "disorders of the self" (Kohut & Wolf, 1978) and "borderline personality organization" (Kernberg, 1981). (Kernberg's term "borderline personality organization" is a broader term than "borderline personality disorder", as defined by the DSM-III-R.) It is, in general, the theory used by the counselor that determines the counselor's diagnosis, or lack thereof, where problems (or symptoms) of the client remain the same. Lack of familiarity with the theories of Kohut or Kernberg would preclude their respective diagnostic categories

from having significance for career counselors, even though their career clients may manifest all the symptoms necessary to warrant such diagnoses. Einstein once said, theory determines what we see. Theory also determines what we don't see. Lack of theory also determines what we don't see.

A third answer to the question, however, of "why haven't we heard more about identity disorders in the career literature?" is that a literature on the topic exists but has not been well integrated into an adequate theoretical perspective. There have been a series of articles and research reports on career identity disorders over the last 20 years. Galinsky & Fast (1966) wrote an excellent qualitative report on career counseling as a place where identity problems in students surface in the form of problems of career indecision. They noted a range in the seriousness of the identity problems, from serious to more benign.

Harman (1973) noted that students who lack vocational identity make up a large part of the clientele at most university counseling centers. Concerned about the effectiveness of traditional career counseling methods with such students, he did a follow-up study which found that after one year, 50% of the students who had received career counseling for identity problems still manifested the same identity problems. How to meet the needs of the career clients most in need of help has remained

problematic in the career literature (Fretz & Leong, 1982; Fuqua, Seaworth, & Newman, 1987).

Munley (1975) noted the relevance of Erikson's theory of psychosocial development for career counselors. He found that the vocationally mature were also high on measures of identity and other stages of psychosocial development, while the vocationally immature were uniformly low across all stages of psychosocial development. This finding suggests that the problems of vocationally immature clients have to do not just with problems at Erikson's identity state of development, but with all the earlier stages as well. Hershenson relates identity problems to the individual's failures in "enculturation", in acquiring the processes and mechanisms provided in one's culture for promoting one's own development (Hershenson, 1967). Holland, Daiger, & Power (1980) proposed subsuming all career decision making problems of an intrapsychic nature under described the rubric of problems of vocational identity.

These contributions have represented a "minority current" that has been poorly integrated into our theoretical constructs about career development. None of them, for example, was included in the otherwise authoritative, comprehensive, extensively documented review on the diagnosis of vocational problems by Rounds and Tinsely (1984). This is perhaps an example of a universal

tendency to "not see" data that do not fit with one's theory, i.e., with one's way of "making meaning".

It is not only the references to identity problems in the career literature that are relevant to our topic, however. Problems discussed in the literature under the rubrics of indecisiveness and career immaturity are problems of identity discussed under alternative rubrics (Fuqua & Hartman, 1983; Helbing, 1984; Holland, 1985; Raskin, 1985; Graef et al, 1985). The need for differential diagnosis concerning career indecisiveness has been described in the career literature for decades (Goodstein, 1965; Tyler, 1969; Crites, 1969; Salomone,1982; Fuqua and Hartman, 1983; and others). The two 20-year studies of career maturity cited earlier (Jordaan & Heyde, 1979; Gribbons & Lohnes, 1982) indirectly present data related to identity disorder.

Career counselors are familiar with Super's vocational maturity paradigm, his notion of stages of career development, and his notion of one's career as the implementation of one's self-concept (Super, 1984). The notion of matching persons and environments, as in Holland's theory for achieving congruence between personality types and work environments (Holland, 1973, 1985) is a familiar one. Taken in totality, this career development theory is paralleled in important respects by Erik Erikson's theory of identity. Erikson's theory of stages of psychosocial development (Erikson, 1980) and his notion of identity as a con-

gruence between one's meaning for oneself (or self-concept) and one's meaning for others (psychosocial role), affords a more differentiated notion of the stages involved in the development of a psychosocial identity. The achievement of vocational maturity (Super's theory) and the achievement of vocational identity (Erikson's) are almost equivalent (Raskin, 1985; Holland, 1985; Graef et al, 1985). Career identity is an important dimension of one's total psychosocial identity. Forming one major category of disturbances in identity development are disturbances in career development. The operational measurement of identity status, however, is more reliably advanced than the ability to measure vocational identity.

Erikson's theory addresses the very developmental stages leading up to the stage of development that most career clients lack. Where Super posits the developmental stage characterized as "growth", covering the first 12 or 14 years of life, for example, Erikson's theory offers the stages of trust vs. mistrust, autonomy vs. shame and doubt, initiative vs. guilt, industry vs. inferiority--all before identity vs. identity diffusion. Identity theory thus offers career counselors a more differentiated theoretical perspective on the career development issues of their clients than does career development theory. Career theory suffers from a bad case of fragmentation and lack of integration (Harmon & Farmer, 1983; Brown, 1984; Super, 1984). Erikson's

theory of the development of identity, on the other hand, offers an integrated and more adequately differentiated theory for conceptualizing career development phenomena. As the more differentiated theory, Erikson's theory offers a career counselor more ways to assess the possible developmental needs of career clients who are not yet prepared to achieve a career identity. The theory can help counselors "see" more dimensions of the problem.

Traditional career theory, on the other hand, can "help" counselors "not see" many relevant phenomena in career clients, because of the tendency to "not see" what is not "made sense of" conceptually. Career theory sometimes provides a false sense of security concerning what is relevant or not relevant to the work of career counselors. Ideally, the nature of career counseling should be defined by the nature of the problems of career clients. In practice, however, the nature of career counseling is determined not so much by the nature of the problems of career clients as by the nature of the theory used by career counselors in conceptualizing those problems.

What kind of problem is identity disorder?

The career literature has provided some partial answers to this question. Fuqua & Hartman (1983) have "consistently confirmed that career indecision is related to serious psychological problems including situational and characteristic anxiety, self-

perceptual problems, and externalized attribution (p. 28). Both they and Salomone (1982) have noted that traditional approaches to career counseling fail to benefit the indecisive type of client. Identity problems and related problems of indecisiveness have been associated with problem levels of anxiety (Hall, 1963; Kimes & Troth, 1974; Mendonca & Siess, 1976; Hawkins, Bradley, & White, 1977; Holland & Holland, 1977; Fuqua & Hartman, 1983; and others) and mistrust; with shame and guilt (Goodstein, 1965); with failures in acquisition of skills (Goodstein, 1965; Erikson, 1980); with low levels of development across all psychosocial stages (Munley, 1975; Erikson, 1980); with diffusion at the industry stage (Erikson, 1980); with unintegrated (Jordaan & Heyde, 1979) self-concepts and unstable and shifting self-concepts (Holland & Holland, 1977) and problems in self-perception (Hartman, Fuqua, & Jenkins, 1986); with external locus of control, external attribution (Cellini, 1978); interpersonal incompetence (Holland & Holland, 1977); and problems in concentration (Erikson, 1980).

Erikson's observations concerning identity development and identity confusion can afford counselors considerable insight into the problem of identity disorder. The achievement of identity, according to Erikson, rests on gains made at each of the earlier psychosocial stages of development (Erikson, 1980). The achievement of a balance of trust, for example, is a fundamental prerequisite to the development of identity, according to Erikson's

theory. Career research finds anxiety accompanying career indecisiveness (above). The concrete accomplishments of the initiative and industry stages are prerequisite to the development of identity in Erikson's theory. Career research finds passivity and "failures in the acquisitions of skills" associated with career indecisiveness (above). A counselor's or researcher's observations of anxiety or passivity in a career client, or a client's statements that they are lacking in skills or accomplishments, take on new perspective when seen in the light of Erikson's developmental schema.

In my experience as a career counselor practitioner, career clients manifesting the symptoms of negative resolutions of Erikson's pre-identity stages need to begin at whatever stage they are at developmentally in order to be able to ultimately successfully achieve a satisfying career identity. Responding to the actual developmental need presented by the client, however, requires a considerable redefinition of what's included under the rubric of career counseling. Such redefinition makes career counseling more able to help clients successfully resolve the original problem that brought them to seek counseling. It is the nature of the problems and needs of career clients that ought to define the nature of career counseling.

Erikson saw identity confusion as accompanied by diffusion of industry, often showing itself as inability to concentrate on a

given task. Career clients, on the other hand, report they don't have the necessary "accomplishments" from which they can identify transferable skills. Erikson also saw a "diffusion of time perspective", showing itself in a great sense of urgency combined with a lack of planning orientation and problems with intimacy and social relationships (Erikson, 1980). Lack of a planning orientation was the principal distinguishing characteristic of vocational immaturity found by the Career Pattern Study (Super & Overstreet, 1960). Most basically, Erikson considered identity diffusion to be associated with failure to successfully establish a balance of trust at the very first stage of development. Erikson (1980) and Kernberg (1981) have linked identity diffusion with borderline personality organization. Borderline personality disorder, in turn, is thought by many to begin with deficits in the psychosocial relationship between parents and child, particularly between mother and child, beginning at the toddler stage and continuing through later development (e.g., Masterson, 1976, 1981; Rinsley, 1982).

The Career Development Study (Gribbons & Lohnes, 1982) found four differential patterns in career development. Erikson's theory also describes four differential patterns in identity development. Research on identity statuses provides a differentiated perspective on psychological processes associated with identity achievement, identity diffusion, identity moratorium, and

identity foreclosure, and intermediate patterns of development between those statuses. This research provides an excellent and highly relevant source of information on the clinical picture of identity diffusion and its related characteristics for career counselors and theorists (e.g., Josselson, 1973; 1987; Donovan, 1975; LaVoie, 1976; Bourne, 1978; Marcia, 1980; Bernard, 1981). The identity literature also relates identity development to development within the family (Grotevant & Cooper, 1983). This research is not typically utilized in career counseling or in career development theory, but it should be.

There is considerable confusion and overlap between the concepts of self and identity. The relationship between self and identity is very close (Marcia, 1980). G.H. Mead had a two-stage psychosocial concept of self in which the second and fuller stage in the development of the self (Mead, 1934) is the practical equivalent of Erikson's concept of identity. In Kohut's self psychology, the possession of ideals, goals, values, and sense of direction constitute one of two polar dimensions in the structure of the self (Kohut, 1977). Self-esteem and a healthy self-assertiveness characterize the other pole. A career client lacking in self-esteem and/or self-assertiveness on the one hand, or lacking in career values, goals, and sense of direction on the other, would have, in Kohut's scheme, a deficit of a developmental nature in one or both poles of the self. He would consider such a

deficit a disorder of the self. Deficit in the area of the second pole of the self, in Kohut's theory, providing one is using Kohut's theory, would be an necessary accompaniment of a case of identity disorder using DSM-III criteria. DSM-III-R criteria are themselves "atheoretical". There is no link implied by the DSM-III-R between its criteria and any particular theories, including Erikson's theory.

It would be a natural development for career theorists to build from the notion of one's career as the implementation of one's self-concept to a more comprehensive psychology of the development of a self. Deficits in self-concepts, self-esteem, and self-direction may be conceptualized as consequent upon a more fundamental deficit in the psychological development of a self. As Mead conceptualized the self, for example, one is not born with a self. The self has a development (Mead, 1934, p. 135). In another paper, I have made some contributions toward such a developmental psychology of the self for career counselors linking the work of Mead, Kohut, Erikson, Mahler, and Vygotsky with observations from research on early child development (O'Brien, 1989b). What can career counselors do about the problem of identity disorders?

This section will suggest some concrete steps for dealing with the problem and will suggest conceptual directions that career counselors and theorists can take that would better equip

career counselors to deal with the problems presented by clients with identity disorder.

First, career counselors should use the diagnosis of identity disorder in all cases which warrant it. Diagnosis itself has many advantages (cf. Rounds & Tinsley, 1984) as well as its drawbacks. With this relatively well-defined diagnostic term, accurate observations can be made concerning the frequency with which career clients present identity disorder. Adequate interventions can be arranged. Career counselors will be able to communicate more clearly and uniformly not only with each other, but also with other professionals and with researchers and theorists in their own and other disciplines.

Second, career counselors should keep careful observational notes of the characteristics seen to accompany identity disorder in career clients, so that adequate theory can be developed that will have to address the data contained in these observations. Good theory and good observation are closely linked. "Theory" historically came from a Greek word that meant "to view, gaze at, or behold". It eventually came to mean how one makes sense of what one has seen. Good observations must be the starting point of any successful theory. Observant counselors are thus in the best position of all to generate relevant career theory. Counselors always face the challenge of making sense of what they see. Career theory should begin with what the career counselor

sees. (Theory that's irrelevant to what the counselor sees is not "theory" in any functional sense of that term, as far as the work of career counselors is concerned.) Counselors should not accept a dichotomy between theorists and counselors, or between theory and practice. We sometimes think that theory should come from theorists. Relevant theory is most likely to come from counselors and practitioners, from the people who "gaze at and behold", not from "theorists" who are far removed from seeing what the counselor is seeing.

The extent to which researchers decide in advance what is relevant and what is not, before the research is planned and conducted, is often overlooked. As a result, an artificially inflated valuation is often placed on research, that at some point employs the statistical technology of science, even though the arbitrary theoretically-based preselection of what questions are researched and which are not has already effectively eliminated any claims of such procedures to superiority over theory alone. The relevance of much of this research is primarily to the researcher's theory from before the research was performed. The data generated is often so arbitrarily biased and fragmented that its relevance to career clients becomes hard for even experienced counselors to discern. Counselors, however, are in an ideal position to be leaders in both relevant research and the development of relevant theory. No one sees as many career clients as do

career counselors. No one has a more natural vantagepoint from which to discover what should be done with career clients, and what is most relevant and effective for helping them with their presenting concerns, with the exception of the clients themselves.

Recommendations for conceptualization and theory

1. Remediation of identity disorders, based on the deficits in personality development that are involved, will take time. The brief focus of much of career counseling as it is generally practiced today is simply inappropriate to the nature of the problems of a substantial proportion, if not the majority, of career clients.

2. Career counseling theory would benefit if Super's stages of career development (Super et al, 1957) were integrated into Erikson's more differentiated stages of psychosocial development (Erikson, 1980). The narrowed focus on the role of self-concept should expand to embrace the broader concept of the development and role of "the self" in career development. The broader concept of career identity, as a psychosocial phenomenon, should supersede the narrower concepts of vocational maturity and matching persons and occupations. This is not at all to imply that the psychometric and other technologies that have been developed for matching persons and environments should be neglected or discarded. Rather, they can be subsumed into a larger, more

wholistic, and consequently more relevant and less fragmented perspective.

3. Kohut's psychology of the self should be modified and developed to make it more understandable, and consequently more useful, for career counselors. It has much to offer career counselors (Stolorow, 1976; Goldberg, 1978; Tolpin & Kohut, 1980; Patton & Robbins, 1982; Kahn, 1985; Robbins & Patton, 1985). Deficits in self-concepts, self-assertiveness, and self-direction stem from deficits in the development of the self. The "transferences" described by Kohut may be more simply (and accurately) described as characteristic "attitudes" or "stances" of the client toward the counselor.

Freud's historic concept of "transference" has generally been radically and fundamentally misunderstood, misinterpreted, and misapplied even by psychoanalysts themselves. This misperception arose from taking the manifest content of Freud's theory, in violation and disregard of his theory, as its real meaning . Freud had held that, because of the confusing processes of defense and repression, the manifest content of human behavior contained only a confused distortion of its real meaning. Recent research has found he was right, at least where his own theory was concerned (O'Brien, 1989a).

4. Erikson's psychosocial theory can offer a viable lifespan theoretical structure for larger scale integrations of

theory. Kohut's psychology of the development of the self (Kohut, 1977) can, and should be, integrated into Erikson's psychosocial framework of development. The *intrapsychic* developments in Kohut's theory would relate primarily to intrapsychic developments that accompany and follow upon the first three *psychosocial* stages in Erikson's theory.

5. While the theories of Erikson and Kohut evolved from within a Freudian theoretical matrix and presently remain enmeshed with Freud's theories, the clinical observations of Erikson and Kohut can, with the necessary modifications, stand on their own independently of Freud's concepts. The argument can be made that Kohut's and Erikson's theories are more compatible with each other than either is with Freud's theory (note Schafer, 1976, in this regard). The theories of both would benefit immensely if Freud's concepts were simply stripped from them. As a preliminary measure, career counselors and others can alter references to Freud's concepts in these authors to substitute concepts that ultimately will prove more appropriate. References to Freud's "pre-Oedipal" stage, for example, can be more meaningfully read as referring to the "pre-initiative stage" in Erikson's theory. While Erikson's psychosocial stages of development are important to career counseling, Freud's psychosexual stages of development are irrelevant and primarily serve a purpose of obfuscation (O'Brien, 1989a).

6. Erikson's psychosocial theory can be related to Kohut's psychological (intrapsychic) theory by way of Vygotsky's theory about how *psychosocial* experience becomes ultimately transformed into *psychological* (intrapsychic) functions. Psychological development proceeds by way of internalizing interpersonal experience (Vygotysky, 1978). Certain psychosocial kinds of experience are requisite, and for an adequate length of time, before an internal capacity for correlative psychological functioning can become established. It makes sense to assume in this context that persons lacking in psychological development may simply be lacking because they have not had access to the requisite kinds of experience. According to the theories of Kohut, Rogers, and Vygotsky, the provision of the requisite kinds of interpersonal experience can lead to a new kind of intrapersonal experience. Kohut and Rogers have made beginnings in defining the characteristics of the kind of "interpsychological" experience (Vygotsky, 1978) that can become, through "transmuting internalization" (Kohut, 1977), a new level of psychological functioning.

In contrast to this approach, it has been customary to presume that there is something strange, devious, or "pathological" about individuals who have not yet achieved higher and more adaptive levels of psychological development than others. Psychiatry, unfortunately, has inherited a well-established but archaic tradition that has tended to label, with heavily pejora-

tive and bizarre terminology, phenomena it has simply not had the theory to understand. Even contemporary psychiatry has fallen into the ultimately self-serving trap of unhesitatingly stressing the grave seriousness of the psychopathology with which they are confronted, as if that were a given, when an alternative explanation, namely that there are serious deficiencies in their conceptual tools for understanding the phenomena they have observed, is equally if not more plausible.

As one result, contemporary psychoanalytic theories, when applied to career clients, are in many cases be theoretically constrained to describe them as having "severe pre-Oedipal psychopathology" (Jacobson, 1964; Kernberg, 1981; Kohut, 1977). "Pre-Oedipal" psychopathology, of course, is considered far more serious and intractable than "Oedipal" psychopathology. There are grave questions, however, whether an "Oedipal" anything even exists (Fisher & Greenberg, 1985; O'Brien, 1989a), other than in the legends of Oedipus and their dramatizations. Kohut's later theory, fortunately, has tended to offer many psychoanalytic clinicians a route away from Freud's Oedipal formulations.

In a recent reappraisal of the very meaning of Freud's theory of the Oedipus complex, it was found to relate to "early childhood" only in the sense of Freud's having, in midlife, aborted an illegitimate child he had fathered through an incestuous involvement with his sister-in-law. "Repressed

infantile wishes and conflicts" was found to relate only to Freud's repressed wishes and conflicts regarding this abortion of his child, an abortion he conceived of as a killing or murder (O'Brien, 1989a). The recommendations above regarding necessary relationships between the theories of Kohut, Erikson, and Freud were made with these findings in mind.

7. The development of attachment between client and counselor is essential and therapeutic in remediating identity disorder. Evidence suggests that security of attachment leads to the development of trust in relatedness in early development of infants and children, and tends to alleviate anxiety in people of all ages. People with the most secure attachments are typically the ones who can also be the most "independent". Frustration of attachment needs produces anxiety and increases clinging; security promotes exploration (Bowlby, 1976). Counselors are often warned to not allow dependence in clients, while clients often seek to depend on the counselor. The client's instincts are probably right, however, in terms of seeking out what they need developmentally. Under the influence of some dominant but poorly founded theories, many well-intentioned professionals have been advised to do the opposite of what would be most therapeutic for their clients. (Beware of theorists who describe patients they don't trust as paranoid. Some theorists deliberately seek to promote frustration and regression in patients on the grounds that its "in

the service of the ego" (e.g., Menninger, 1958). Right. But whose?). Freud's early model of therapy, which has had much influence even on newer non-Freudian models of therapy, was found in recent research to have been a "therapy" for Freud himself, not for his patients (O'Brien, 1989a). Many practices derived from Freud's model thus actually work against the best interests of the patient rather than on behalf of the patient.

8. Historically, career development theory, such as that summarized by Super (1984), has been an odd amalgam of a suggestion of a self-psychology (the career as an implementation of a self-concept) and a behavioral theory that argued against the existence or significance of a self. Self psychologies, however, argue that the psychological self is a distinctively human trait, the very trait that is most important and most significant to human beings, the very trait that, even more than intelligence, makes humans distinctively human. Animals have intelligence. But do they have the capacity for the reflexive self-symbolization, or self-objectification, that is the very essence of the psychological self in humans? As a result of this behavioral trend in career theory, much of the best funded career development research for all practical purposes ruled out beforehand the possibility of discovering evidence of what is probably the single most significant variable in career development, the status of a person's development of a psychological self (see O'Brien, 1989b).

9. A developmental self psychology would describe the nature and development of a "psychological self"--the processes by which it normally develops and the processes through which its development may be intentionally facilitated. But the development of such a "psychological self" is itself a contingent variable. The existence of the radically different major psychologies--such as the anti-self psychology of Skinner, the self psychologies of a Kohut or Rogers, and psychologies such as Freud's, which lacks a concept of a psychological self--can itself be taken as evidence that would argue for a developmentally contingent psychological self. Persons who have personal experience of the mature development of a psychological self would realize its central importance in the functioning of persons like themselves. Those who have not had personal experience of such a psychological self would not be in a position to understand something described by others of which they have no similar experience. They might argue against the reality or existence of such a self. Others, who are caught up in an as yet unsuccessful struggle to achieve a psychological self, would be interested primarily in describing the experiences of anxiety, conflict, and confusion that accompany deficits in the development of a self. This whole spectrum would be represented in the psychologies of Skinner, Freud, and Kohut.

In this latter view, Kohut has presented a model of the self, albeit an incomplete one. Freud has presented a model of a

disorder or disturbance in the development of a self. Skinner presented a model of no self at all. These radically disparate psychologies can actually be meaningfully integrated by subsuming them all into a more comprehensive psychology of the *development* of the self.

The psychological self, in turn, plays a critical role in enabling higher levels of rational functioning which depend in critical part upon a capacity for self-conceptualization. Rational decision-making is one of these, which depends upon an ability to conceptualize oneself-in-relation-to-different-alternatives. Planning is another, which is facilitated by being able to conceptualize oneself-in-relation-to-the-future. The capacity for empathy is another, which is facilitated by being able to conceptualize oneself-as-separate-from-but-equal-to-another. Without this ability, one needs to devalue the reality and values of the other in order to uphold one's organizing values and reality for oneself. Otherwise, the individual experiences the thoughts and values of the other as a threat to one's own mental and social organization. People characterized by deficits in the development of a central, organizing, psychological self must depend upon external structure for their internal sense of organization. Membership in homogeneous groups serves this function. People living in mixed and pluralistic societies, however, are able to function much more adaptively if they have the opportunity

to develop a stably established intrapsychic capacity to hold firmly to their own values and sense of their own value, while simultaneously flexibly negotiating with multiple others on matters of interpersonal and social cooperation or conflict.

These are only preliminary suggestions from a career counselor. They come from career counseling experience, with much sifting and evaluation of theory and research in the domains of career theory, infant development research, and theories of psychotherapy. The criteria used in evaluating theory have been primarily: 1) does it work? 2) does it concur with available research data? Nothing has been recommended that the author has not found both effective in his own experience in working with career clients with identity disorder.

Appendix A

DSM-III-R Criteria for Identity Disorder

A. Severe subjective distress regarding uncertainty about a variety of issues relating to identity, including three or more of the following:

(1) long-term goals

(2) career choice

(3) friendship patterns

(4) sexual orientation and behavior

(5) religious identification

(6) moral value systems

(7) group loyalties

B. Impairment in social or occupational (including academic) functioning as a result of the symptoms in A.

C. Duration of the disturbance of at least three months.

D. Occurrence not exclusively during the course of a Mood Disorder or of a psychotic disorder, such as Schizophrenia.

E. The disturbance is not sufficiently pervasive and persistent to warrant the diagnosis of Borderline Personality Disorder.

(From the Diagnostic and Statistical Manual of Mental Disorders, Third Edition, Revised, American Psychiatric Association, 1987, pp. 90-91).

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